

PATENT APPLICATION ATTORNEY DOCKET NO. 44085-032

## 3 arc 10/29

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Appl	ication of: Shigeaki IMAI et al.
Serial No.	: 08/748,935
Filed: Nov	Group Art Unit: 2615 ember 13, 1996
	Examiner: Rudolph J. BUCHEL, Jr. 9
	OD FOR GENERATING THREE- NSIONAL FORM DATA AND APPARATUS EFOR  AMENDMENT TRANSMITTAL  Assistant Commissioner nts
THEK.	AMENDMENT TRANSMITTAL
for Pate	OD FOR GENERATING THREE- NSIONAL FORM DATA AND APPARATUS EFOR  AMENDMENT TRANSMITTAL  Assistant Commissioner nts , D.C. 20231
Sir:	<u> </u>
1. <u>X</u>	Transmitted herewith is an amendment for the above-identified application.
STATUS	
2	Applicant is is small entity - verified statement: attached already filed.
<u>_X</u> _	attached already filed. other than a small entity.
EXTENSION (	OF TIME
	proceedings herein are for a patent application and the provisions 7 C.F.R. § 1.136 apply.
(a)	_X Applicant petitions for an extension of time for the total number of months checked below:
	EXTENSION FEE FOR FEE FOR OTHER THAN (months) SMALL ENTITY SMALL ENTITY
	one month \$ 55.00 \$ 110.00
	<u>X</u> two months 200.00 400.00 three months 475.00 950.00
	four months 755.00 1,510.00
	Fee \$ 400.00
	n additional extension of time is required, please consider this a tion therefor.
_	An extension for months has already been secured and the fee paid therefor of is deducted from the total fee due for the total months of extension now requested.
	Extension fee due with this Request \$
(b)	Applicant believes that no extension of time is required. However, this conditional petition is being made to provide offasshe possibility that Applicant has inadvertently overlooked the need for a petition for extension of time.
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The fee for claims has been calculated as shown below: \_X\_ Highest Claims Remaining Number After Previously Additional Present Amendment Paid For : Extra : Rate Fee Total Claims x \$ 22.00 0.00 Independent : Claims \$ 82.00 0.00 Multiple Dependent Claims (first presentation) \$270.00 =0.00 Total 0.00 Reduction by ⅓ for small entity 0.00 TOTAL FEE 0.00 (a) \_X\_ No additional fee for claims is required. -OR-(b) The total additional fee for claims required \$\_\_\_\_\_. FEE PAYMENT 5. Attached is a check in the amount of \$\_\_\_\_ Charge Deposit Account No. 13-0203 the amount of \$\_400.00 . A \_X\_ duplicate copy of this Transmittal is enclosed for accounting purposes. FEE DEFICIENCY

X If any additional extension and/or fee is required, this is the request therefor and to charge Deposit Account No. 13-0203.

## AND/OR

\_X If any additional fee for claims is required, charge Deposit Account No. 13-0203. A duplicate copy of this Transmittal is enclosed for accounting purposes.

Respectfully submitted,

McDERMOTT, WILL & EMERY

Date: October 26, 1998

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